

CREW: 97

WORK ORDER TYPE: MODIFICATIONS

02-60456-44

ISSUE DATE 01/06/11

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Originator : JAMES KELSEY
Planner : ALAN DEWSNUP
Drawing No : 1SGA-M2063G
Equip No/Cat: 1SGA--D 2
Project ID : 1SGA-PLV-1D
Shutdown : N No Shutdown
Ref No :

Schedule Date : 08/20/03
Priority : 3A
Clearance : NO
Tag Request :
Text ID :
Frequency : NOT SCHEDULED
Last Reading : No Reading

Date Completed: _____

Failure Code: _____

Completed By : _____

Signature : _____

Accepted By : _____

Signature : _____

** Delay Codes Legend **

W=Whse C=CrSp T=Tag TL=Tool P=Plan
** Record Time Daily ** Delays

| Step | Job Scope | MN | DY | Safety and Additional Information | Emp No | Date | Hours | Code/Hrs |
|------|--|----|----|---|--------|------|-------|----------|
| 1 | UNIT 1 "D" BURNER LINES, PROVIDE SCAFFOLD SUPPORT AS NEEDED. | 2 | 1 | SAFETY: | | | | |
| | ***** SCOPE: 1- PROVIDE SCAFFOLD SUPPORT FOR ACCESS TO A WORK STATION FOR MECHANICS TO INSTALL BURNER LINE RESTRICTORS. 2- PHIL HAILES, GARRY CHRISTENSEN AND KELLY CLOWARD ARE YOUR SOURCE FOR INFORMATION RELEVANT TO LOCATION OF NEW INSTALLATIONS. 3- INSTALL AND REMOVE, AS NEEDED, THE SCAFFOLD. | | | 1- VERFIY SAFE WORK CONDITIONS FOR THIS JOB. 2- COMPLY WITH ALL COMPANY POLICY REGARDING SAFETY PROCEDURES, HOT WORK, SCAFFOLDING, TOOLS AND PPE. ***** ADDITIONAL INFORMATION: 1- NO PARTS STAGED. 2- MULTI-CRAFT WO, 47 IS LEAD AND 97 IS SCAFFOLD SUPPORT, COMMUNICATE AS NEEDED. 3- PLEASE CLEAN UP AFTER YOURSELF. | | | | |

** IMPORTANT NOTICE **

YOU ARE RESPONSIBLE FOR YOUR OWN SAFETY AND MUST ENSURE THAT THE REQUIRED PPE IS WORN FOR EVERY JOB YOU ARE DOING. IF YOU HAVE ANY QUESTIONS CONCERNING THE WORK RULES, SAFETY CODES, OR REQUIRED PPE, PLEASE CONTACT YOUR SUPERVISOR.

Job Feedback/Historical Notes:



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